

MDPB Minutes January 19, 2000

Members present: R. Chagrasulis, E. Smith, J. Burton, P. Liebow, C. St. Pierre-Engels, M.Schorr, D. Stuchiner, S. Diaz

MEMS Staff: J. Bradshaw

Regional Coordinators: D.Carroll, J. LeBrun, T. Lonchena

Guests: R.Petrie, J. Regis, S. Wardwell, B. Dunwoody

Item	Discussion	Action	Follow-up
Previous minutes: 1/19/00	None	Adopted	
Old Business			
I. Medical Direction	I. Education of Medical Control Providers (MCP's) has been identified as a priority in prev. MDPB discussions as well as by EMS providers.	I. Contact other states to collate MCP educational modules/workshops, NAEMSI info - Jay/Chag/Burton	I. In next 2-3 months
II. Cert/Recert/Decert	II. Use of consent form as proposed to be used with initial application for licensure by EMT discussed. Before can enforce such a form, need process to investigate deficiency and act appropriately. Need mechanism for exchange of info from one region to another	II. Jay to refer to new AG previously discussed questions regarding sharing of CQI info, etc.	II. After better understanding of legal aspects, attempt to develop investigations process which allows due process, ability of info to be shared from one region to another, and proper authority of Regional Medical Director to act under MEMS Rules/Law
III. CQI	III. "Matrix" presented which summarizes aspects of all regions' CQI processes: indicators, action plans, CQI guidelines, regional role, feedback, tie to relicensure, consent agreements, interaction with hospital CQI, forms used. OP's team needs from this info minimal expectations, of services and regions, of various aspects of CQI process. Also to be included should be positive feedback.	III. Chag, Liebow, Bradshaw to each take aspects of CQI process as identified in Matrix and summarize in one simple paragraph the essential goal/expectation of that CQI element.	III. Next meeting
IV. Central Line Training	IV. Clarification that access of central circulation should be not be done for routine access provided in central line training. QA should be used to track that such access is	IV. Chag to write a memo clarifying that such access is EMT-P only. Burton to write article for JMEMS discussing aspects of	IV. as needed

V. MDI use of EKG's by EMT-I	<p>done appropriately. As per previous discussion, central line training represents a scope of practice issue, and this is reserved for paramedic level, not EMT-I.</p> <p>V. The previous program for EMT-I's on MDI to obtain EKG's with the goal of reducing door to drug time, with a QA program to ensure that transport is not delayed, etc. not to be used because the hospital no longer wishes to pursue this program.</p>	<p>central circulation and appropriate situation for access.</p> <p>V. None needed</p>	V. none
VI. Paramedic Interfacility transfer medications	<p>VI. Rick Petrie presented info on proposed educational modules for 1) IIb/IIIa platelet inhibitors, 2) Lorazepam, 3) Antibiotics. Also discussed was that through their training, EMT-P's on interfacility transfers "leave the final decision of whether or not paramedic transport is appropriate to the sending physician. However, the paramedic decides at the time they assess the pt. as to whether they are comfortable transferring the pt. without a nurse".</p>	<p>VI. 1) "Glycoprotein IIb/IIIa Antagonists" approved with the change of deleting dose, as various agents might be used.</p> <p>2) "Lorazepam" approved with the change of deleting use of drips.</p> <p>3) "Antibiotics" tabled for further discussion of education further defined per drug/class of antibiotic.</p>	VI. Next meeting
New Business Letter of Resignation by Dr. Chagrasulis	Dr. Chagrasulis has submitted a letter of resignation as State EMS Medical Director effective April 1, 2000.	Jay Bradshaw reviewed the process for seeking applicants and approving a successor. Nomination committee appointed.	
Protocols	EMT-B have expressed confusion over why protocol changed for use of charcoal by ALS only. This was done because charcoal requires ability to manage advanced airway with endotracheal intubation in the event the pt. deteriorates.	Chag to clarify this change via a memo, and note in the JMEMS.	
Other MEMS Rules changes	MEMS rules changes include deleting addendum to MEMS Rules regarding list of medications. This list to be provided on a	MDPB to provide list of medications to MEMS.	

	regular basis to MEMS so that list can be kept current with protocol changes.		
Next meeting 2/16/2000 (0930 - 1230)			
Implementation Issues		<ul style="list-style-type: none"> ✓ Central line training- clarification for EMT-P only - Chag ✓ Paramedic interfacility transfer med - refer changes to services after discussion at next meeting - Jay 	